15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yes. no. ordiffice) at (11 yrg. yra or of dates of extrice) 18. SOCIAL SECURITY NO.  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  17 this does not meen the date of dying, such as heart failure, exthenia, rise to the above cause (a) stating tric tric tric tric tric tric tric tric	BIRTH NO. REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Kegistrar's  I. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporated limits, write RURAL and give township)  C. LENGTH OF TOWN  G. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR  REG. DIST. NO. 4538 Kegistrar's  2. USUAL RESIDENCE (Where decoased lived. If a. STATE NI SSOW R b. COUNTY  C. CITY OR TOWN  G. TREET ADDRESS  (If rural, give location)	No
BIRTH MO.  REC. DIST. NO. 319 PRIMARY REC. DIST. NO. 4538. Registrar's No. 1.  I. PLACE OF DEATH  a. COUNTY NA NE  D. CITY Of goals emponentimine, with RURAL and give for the control of the county o	BIRTH NO. REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Kegistrar's  1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate almits, write RURAL and give township)  c. LENGTH OF OR TOWN  TOWN  C. CITY  OR TOWN  C. STREET  ADDRESS  (If rural, give location)	institution: residence before WAYN Contents of
1. PLACE OF DEATH 2. COUNTY NA NATE 3. COUNTY NA NATE 4. COUNTY NA NATE 4. COUNTY NA NATE 5. CITY (if quality corporated maints, write RURAL and gives 4. DATE (MODAL) 6. CITY (if quality corporated maints, write RURAL and gives 6. CITY (in the place) 6. CITY (if quality corporated maints, write RURAL and gives 6. CITY (in the place) 6. CITY (if quality corporated maints, write RURAL and gives 6. CITY (if quality corporated maints) 6. FULL NAME OF (If you the place) 6. FULL NAME OF (If you the place) 6. FULL NAME OF (If you the place) 6. CITY (If you the place) 6. FULL NAME OF (If you the place) 6. CITY (If you the place) 6. CITY (If you the place) 7. STREET (MORTH) 7. S	1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate almite, write RURAL and give township)  c. LENGTH OF OR TOWN  d. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR  2. USUAL RESIDENCE (Where decoased lived. If a. STATE MISSOUR) b. COUNTY  c. CITY OR TOWN  C. LENGTH OF OR TOWN  STAY (in this place)  a. STREET (If rural, give location)  ADDRESS  (If rural, give location)	WAYN Limits of
D. CITY (If quidle corporate/minute, with RUNAL and street CON	b. CITY (If outside corporatesimite, write RURAL and give C. LENGTH OF STAY (in this place)  TOWN FOND  d. IT TOWN FOND  d. I	Residence within limits of
OR TOWN  CONN  CON	TOWN  OR TOWN  TOWN  TOWN  TOWN  OR TOWN  TOWN  TOWN  TOWN  OR TOWN  TOW	Residence within limits of city on incorporated town? Yes No
MOSPITAL OR INSTITUTION  NAME OF B. (FIRST)  DECEASED  (Type or Print)  S. SEX  6. COLOFOR RACE  7. MARRIED, NVER MARRIED, 9. 8. PATE OF BIRTH  102. USUAL OCCUPATION (Gireheld of error with organization of professions)  103. USUAL OCCUPATION (Gireheld of error with organization of professions)  104. USUAL OCCUPATION (Gireheld of error with organization of professions)  105. WAS DECEASED  105. WAS DECEASED OF A TO THE COLOR OF BUSINESS OR IN 11. BIRTHPLACE  105. USUAL OCCUPATION (Gireheld of error with organization of professions)  105. WAS DECEASED OF A TO THE OF BUSINESS OR IN 11. BIRTHPLACE  105. WAS DECEASED OF WER IN U. S. ARIED FORCESS  105. WAS DECEASED OF WER IN U. S. ARIED FORCESS  105. WAS DECEASED OF WER IN U. S. ARIED FORCESS  106. SOCIAL SECURITY  107. INFORMANT'S SIGNATURE OR NAME  107. INFORMANT'S SIGNATURE OR NAME  108. SOCIAL SECURITY  109. DATE OF OPERA.  11. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH'(a)  120. MOTHER'S MADE  WEEL AND CONDITIONS  DIRECTLY LEADING TO DEATH'(b)  DIRECTLY LEADING TO DEATH'(c)  121. ACCIDENT  WEEL CONDITIONS  DUE TO (c)  121. ACCIDENT  WORLD OF DEATH  HAVE CONDITIONS  DUE TO (c)  121. ACCIDENT  WORLD OF DEATH  WEEL CONDITIONS  DUE TO (c)  WEEL ACCIDENT  WEEL CONDITIONS  DUE TO (c)  WILLIAM OF COLOR OF THE WEEL CONDITIONS  CONDITIONS  DUE TO (c)  WILLIAM OF COLOR OF THE WEEL CONDITIONS  CONDITIONS  DUE TO (c)  WILLIAM OF COLOR OF THE WEEL CONDITIONS  CONDITIONS  DUE TO (c)  WILLIAM OF COLOR OF THE WEEL CONDITIONS  CONDITIONS  DUE TO (c)  WILLIAM OF COLOR OF THE WEEL	HOSPITAL OR ADDRESS	_ ~
5. SES SES G. COLOGOR RACE TO T. MARRIED, NEVER MARRIED, A. B. DATE OF BIRTH SIGNED TO COUNTY OF THE STORY OF	• • <del>- • • • • • • • • • • • • • • • • •</del>	Mico
5. SEX 6. COLOGICAR RACE 7. MARRIED NEVER MARRIED 18 9. ARE OF BIRTH 180 19 Months Days Widowell Widowell 180 180 180 180 180 180 180 180 180 180		(b) (Pay) (Year)
10. LUNAL OCCUPATION (GEVENTED at well reduced)  10. KIND OF BUSINESS OR No. DUSTRY  11. BIRTHPLACE (City and State or Foreign Cenatry)  12. CITIZENOF WHITE (DUNTRY)  13. FATHER' & NAME  14. NAME OF HUSBAND'OR WIFE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY (17. INFORMANT'S SIGNATURE OR NAME  16. CAUSE OF DEATH  17. INFORMANT'S SIGNATURE OR NAME  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. LISEASE OR CONDITION DIRECTLY LEADING TO DEATH(a)  10. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH(b)  10. LITERAL BETWEE CORP. Title of death but not relate only complicate cent, highly, or complication which caused death.  10. CTHER SIGNIFICANT CONDITIONS Conditions controlled to the disease of condition conting death.  19. DATE OF OPERA  10. THER SIGNIFICANT CONDITIONS Conditions controlled to the disease of conditions conting death.  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SOCIAL SECURITY (17. INFORMANT'S SIGNATURE  19. MAJOR FINDINGS OF OPERATION  22. AUTOPSY?  TES OF DEATH  23. MOTHER SIGNIFICANT CONDITIONS Conditions controlled to the disease of condition conting death.  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SOCIAL SECURITY (18. SIGNATURE  22. INTIME (Monata) (18. SOCIAL SECURITY (18. SIGNATURE  22. INTIME (Monata) (18. CAUSE OF DEATH  24. BURIAL CREMA- 1240. DATE  24. SIGNATURE  25. NAME OF CEMETERY OR CREMATORY  26. NAME OF HUSBAND'OR WIFE  27. ACCIDENT WHITE AT A CONTROLL  28. SIGNATURE  29. DATE SIGNATURE  29. DATE SIGNES  24. BURIAL CREMA- 1240. DATE  24. SIGNATURE  24. SIGNATURE  25. DATE SIGNATURE  26. NAME OF CEMETERY OR CREMATORY  26. DATE SIGNATURE  27. ACCIDENT SOCIAL SECURITY (18. SIGNATURE  29. DATE SIGNATURE  2	5. SEX 6. COLOB OR RACE 7. MARRIED, NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years if the WIDOWED, DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific) 1 9. AGE (In years if the WIDOWED) DIVORCED (Specific)	
138. FATHER'S NAME  ALLIAN  AND SON  130. MOTHER'S MAIDEN NAME  ALLIAN  AND NO NO NAME  AND NO NAME  AND NO NAME  AND NAME  ADDRESS  131. MOTHER'S MAIDEN NAME  AND NAME  BE CAUSE OF DEATH  Enter only one occusion per  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  BUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  BUE TO (c)  12. OTHER SIGNIFICANT CONDITIONS  BUE TO (c)  13. MADOR FINDINGS OF OPERATION  TO (c)  14. NAME OF HUSBAND'OR VIFE  ADDRESS  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  BUE TO (c)  13. MADOR FINDINGS OF OPERATION  TO (c)  14. NAME OF HUSBAND'OR VIFE  ADDRESS  AND LATE OF OPERATION  ANTECEDENT CAUSES  15. MADOR FINDINGS OF OPERATION  TO (c)  16. MADOR FINDINGS OF OPERATION  TO (c)  17. INFORMANT'S SLIGHTER OR NAME  ANTECEDENT CAUSES  ANTECEDENT CAUSE  ANTECEDENT CAUSES  ANTECEDENT CAUSE  ANTONING  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANT	10a. USUAL OCCUPATION (Give kind of work down to the down to the following most of working life, even if rotined)  10b. KIND OF BUSINESS OR IN 11. BIRTHPLACE (City and State or Foreign Country)	TI COUNTRY?
IS. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes. DO. OPERATION)  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the discourse of dying, such as heart failure, exthenia, rise to the above cause (a) stating trace of the anterior of the decease of the state of the decease of the such that I cause of the decease of the mode of dying, such as heart failure, exthenia, rise to the above cause (a) stating trace to the above cause and on the date stated above.  21. I hereby certify that I attended the deceased from	138. FATHER'S NAME 14. NAME OF HUSBAND'OR	
18. CAUSE OF DEATH Enter only one owns open Interval Enter only one owns Interval Enter Interval E		
Enter only one-onusper line for (a), (b), and (c)  This does not mean the mode of giring, such as heart failure, eathento, etc. It means the discasse instance of the above cause (a) stating the underlying cause last.  Morbid conditions, if any, giring DUE TO (c)  This does not mean the discasse instance of the above cause (a) stating the underlying cause last.  DUE TO (c)  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE (Specify)  SUICIDE HOMICIDE  21d. TIME (Meath)  ODEY (Year)  19c. ACCIDENT WORK AT WORK  19c. In or above the bone, farm, festory, stress, office blde, see. )  WHILE AT MORK AT WORK AT WORK  21f. HOW DID INJURY OCCURRED WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from alive on 1 19 2 c, and that death occurred at 1 2 m., from the causes and on the date stated above.  22a. SIGNATURE  22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL, CREMA-1/24b. DATE A C. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (Oily jown, or consists)  22d. DATE SIGNATURE  22d. RURIAL, CREMA-1/24b. DATE A C. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (Oily jown, or consists)  22d. DATE SIGNATURE  22d. RURIAL, CREMA-1/24b. DATE A C. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (Oily jown, or consists)  22d. DATE SIGNATURE  22d. RURIAL, CREMA-1/24b. DATE A C. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (Oily jown, or consists)  22d. DATE SIGNATURE  25 FUMERAL DIRECTOR'S SIGNATURE  25 FUMERAL DIRECTOR'S SIGNATURE  25 FUMERAL DIRECTOR'S SIGNATURE  25 FUMERAL DIRECTOR'S SIGNATURE		address
Enter only one onus per line for (a), (b), and (c)  'This does not mean the mode of dying, such as heart failure, esthenia, etc. It means the discost, injury, or complication which caused death.  19a. DATE OF OPERA-  19a. DATE OF OPERA-  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Mostb) (Day) (Year) (Bour) 21e. INJURY (e.g., in or about Homicine (Mostb) (Day) (Year) (Bour) 21e. INJURY OCCURRED WORK. AT WORK A		INTERVAL BETWEE
Morbid conditions, if any, giving DUE TO (B)  at heard failure, esthemia, etc. It means the discass or complication which caused death.  DUE TO (C)  11. OTHER SIGNIFICANT CONDITION  DUE TO (C)  12. DATE OF OPERATION  13. DATE OF OPERATION  13. DATE OF OPERATION  13. DATE OF OPERATION  14. ACCIDENT (Specify)  15. DATE OF INJURY (a.e. in or about bome, larm, factory, street, office bidg., etc.)  15. HOW DID INJURY OCCURTO  16. INJURY  21. Injury CCCURRED (Specify)  22. I hereby certify that I attended the deceased from alive on a continuing to the death occurred at the causes and on the date stated above.  23. SIGNATURE  24. BURIAL. CREMA- 1/24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oits town, or confine)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  TO REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  TO STATE OF CEMETERY OR CREMATORY 24d. LOCATION (Oits town, or confine)  TO STATE OF CEMETERY OR CREMATORY 24d. LOCATION (Oits town, or confine)  24a. REGISTRAR'S SIGNATURE  TO STATE OF CEMETERY OR CREMATORY 24d. LOCATION (Oits town, or confine)  25a. SIGNATURE  25a. SIGNATURE  25a. SIGNATURE  25a. SIGNATURE  25a. REGISTRAR'S SIGNATURE  25a. DATE SIGNA	Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	a deservand death
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE  11. OTHER SIGNIFICANT CONDITIONS  21b. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bidds, etc.)  10. AUTOPSY?  11. OTHER SIGNIFICANT CONDITIONS  21c. (CITY, TOWN. OR TOWNSHIP)  (COUNTY)  (STATE)  11. OTHER SIGNIFICANT  (Specify)  21b. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bidds, etc.)  21c. (CITY, TOWN. OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Month)  (Day)  (Year)  (Hour)  21e. INJURY OCCURRED WHILE AT WORK  AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I horeby certify that I altended the deceased from  alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
19a. DATE OF OPERA TION  19a. DATE OF OPERA TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. Time (Specify)  21b. PLACE OF INJURY (e.g., in or about bome, larm, factory, street, office bidg., etc.)  21d. Time OF INJURY  21d.		
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  19c. (COUNTY)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Manth) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK. AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from 10 3 to 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ease, injury, or complete	
19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO 2  21a. ACCIDENT SUICIDE 18pectry) 21b. PLACE OF INJURY (e.g., th or about bome, larm, factory, street, office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT NOT WHILE WORK. AT WORK 11 HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 193 to 3 11 19 19 that I last saw the decease alive on 1 19 19 19 19 19 19 19 19 19 19 19 19 1		
SUICIDE HOMICIDE  10. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  11. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  12. I hereby certify that I attended the deceased from   19. I to J - 19. I that I last saw the deceased alive on J - 19. I that I death occurred at   21f. How DID INJURY OCCUR?  12. I hereby certify that I attended the deceased from   19. I to J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I last saw the deceased alive on J - 19. I that I la	19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION	
21d. TIME (Month) (Day) (Year) (Hour)	21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY bome, farm, factory, street, office bldg., etc.)	(STATE)
22. I hereby certify that I attended the deceased from	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF WHILEAT NOT WHILE	-
23a. SIGNATURE  Degree or title) 23b. ADDRESS  24a. BURIAL, CREMA-1 1/24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity town, or connex)   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6   1/2/5/6	7 M 7 A A A A A A A A A A A A A A A A A	
248. BURIAL, CREMA-1 1/24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity town, or colinary)   40c. (State)   3 / 13/5-6   Sturandson   Sturandson   Sturandson   DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   ADDRESS   STURANDON   Sturandson   Sturandson		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  Mach 12, 1956 Hard Ward  Doman W. Sixte Rudmont	College 24 De Condución	A SIGNE
nach 12, 1956 Have Nard Norman W. Siste Budmond	24a. BURIAL. CREMA-1/24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity town, or TION, REMOVAL (Books) 3/13/5-6 Temperature Security	700
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25 FUNERAL DIRECTOR'S SIGNATURE	Rudman
	(Licensed Embalmer's Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

₹,

working under my personal supervision..

Signature of Student Embalmer

2

Licensed Embalmer No. 3.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.